

EXHIBIT A (Part 2 of 4)

1. I, the undersigned, hereby apply for membership in Local 1, SEIU, and designate said Union as my sole and exclusive representative for the purpose of collective bargaining with my employer and authorize said Union to represent me and in my behalf to negotiate and conclude any and all agreements as to wages, hours, and other conditions of employment. I agree to be bound by the Constitution and By-Laws and the rules and regulation of the International Union and the Local Union and by any contracts that may be in existence at the time of the application or that may be negotiated by the Union.

2. I authorize and irrevocably direct SECURITY (Name of Company) to deduct from my wages quarterly or monthly dues (depending on the specific contract) initiation and withdrawal card fees, in advance, which are required to maintain me as a member in good standing of Local 1 in accordance with the Constitution and Bylaws of the Union and in compliance with the Labor-Management Relations Act of 1947, such dues and fees to be deducted in the first pay period following the execution of this Authorization, and thereafter, for any unpaid amounts of initiation or reinitiating fees in addition to the regular quarterly or monthly dues (depending on the contract) in the first pay period of the months of January, April, July, and October. The amounts so deducted shall be forwarded to the Union within the first fifteen (15) days of the first month of such quarter.

3. This authorization and direction shall be irrevocable for the period of one (1) year, or until the termination of the collective bargaining agreement between my employer and Local 1, SEIU whichever occurs sooner; and I agree and direct that this authorization and direction shall be automatically renewed, each year or for the period of each succeeding applicable collective bargaining agreement between my employer and Local 1, whichever shall be shorter, unless written notice is given by me to the employer and the Union on more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my employer and Local 1, SEIU, whichever ever occurs sooner.

I hereby agree to be bound by all of the provisions of the International Constitution and Bylaws; and in particular, by the requirements of Article XVIII of the International Constitution and Bylaws and other applicable provisions of the International and Local Constitutions and Bylaws relating to payments in connection with the death of members, and in that connection, I furnish the information listed below.

Although I am aware that I am not required to sign any dues check-off assignment, or a membership application card, or any other Union form; and I further realize that under the provisions of the Labor-Management Relations Act of 1947, as amended, and the contract between Local 1 Service Employees International Union and my employer, I am not required, as a condition of employment, to become a member of said Union until the thirtieth day following the beginning of my employment or the effective date of such contract, whichever is the later; nevertheless, I desire, voluntarily to sign this form.

Employee's Name (Print) Shawn Hawkins Date 10-1-09
 Address 4111 Canyon City Phoenix Zip Code 85018
 Home Phone 715-12-2558 Your Social Security No. REDACTED E-mail _____
 Date of Birth 2-21-86 Starting Date _____ Job Title _____ Hourly Rate _____
 Building Address/Company 580 W. Thompson Avenue Rm. 601 4th Signature _____
 Languages you read/speak English ☒ Spanish ☐ Polish ☐ Other ☐

DEDUCTION AUTHORIZATION COMMITTEE ON POLITICAL EDUCATION FUND

I authorize my employer to deduct:

☒ \$5 per month and transfer the funds to SEIU COPE.

☐ \$ _____ per month and transfer the funds to SEIU COPE.

I authorize my local union to file this payroll deduction with my employer and for my employer to forward the amount specified to SEIU COPE.

I understand that: 1) I am not required to sign this form or make COPE contributions as a condition of my employment by my employer or membership in the union; 2) I may refuse to contribute without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE; 4) The amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my employer; 5) SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections.

Contributions to SEIU COPE are not deductible for federal income tax purposes.

This authorization shall remain in effect until revoked in writing by me.

Employee's Name (Print) Shawn Hawkins Date _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ Your Social Security No. _____
 Building Address/Company _____ Signature _____

YELLOW COPY-UNION

WHITE COPY-EMPLOYER

PINK COPY-EMPLOYEE

IF NEEDED FOR BANK DRAFT PURPOSES:

Depository and Bank _____
 Routing Number _____
 Account Number _____

EXHIBIT

Hawkins
7-15-10 CL

HAWK 000229

EXHIBIT

Number 2
7-1570 CI



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A**EMPLOYEE INFORMATION**

Date of Incident: 12/21/06 Date of Counseling: 12/21/06
 Employee's Name: STEPHANIE HAWKINS Branch: CTA RAILS/CENTRAL Job Title/Title: SECURITY OFFICER
 Date of Hire: _____ Employee Number: _____ Supervisor: SGT. Hall

PART B**ACTION TAKEN**

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C**REASON FOR ACTION (Check all that Apply)**

- ☐ Unreported Absence ☐ Insubordination
☐ Abusive and/or Threatening Behavior ☐ Sleeping on Duty
☐ Failure to Complete Required Reports ☒ Tardiness
☐ Smoking on Post or in Non Smoking Areas ☐ Reporting Under the Influence
☐ Leaving Post Without Permission ☐ Reporting Out of Uniform
☐ Failure to Do Necessary Rounds ☐ Failure to Follow Post Orders
☐ Other Unacceptable Behavior/Violation of Company Policy LATE FOR DUTY (2156hrs.)
 (specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

ARRIVED TARDY AT FOREST PARK AT 2156 HRS. AS ACTUAL
REPORTING TIME WAS 2130 HRS. S/O INSTRUCTED TO
IMPROVE UPON REPORTING TO DUTY AS SCHEDULED.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

HAWK 000330

PART D**EMPLOYEE COMMENTS** (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I s/o Stephanie Hawkins did not arrive late on 12-21-06. I relieved C.A.
L. Smith at the proper time at 2130. Was unable to locate her and
when I did it was faulty. It does not register information. I called command
and informed Lt. [unclear] and he said he would get the equipment out to me.

I have read this report and the above has been discussed with me.

Steph Hawkins
 Employee's Signature

12-21-06
 Date

Prepared by:

SGT. J. Hall
 Supervisor Name

12/21/06
 Date

Approved by:

 Manager Name

 Date



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 01-07-07

Date of Counseling: _____

Stephanie Hawkins
Employee's Name

Central
Branch

Security Officer 26554
Job Title/Site

Date of Hire

Employee Number

Bernell Barnes 26554
Supervisor

PART B

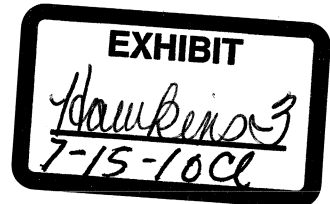
ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C

REASON FOR ACTION (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Abusive and/or Threatening Behavior | <input type="checkbox"/> Sleeping on Duty |
| <input type="checkbox"/> Failure to Complete Required Reports | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Smoking on Post or in Non Smoking Areas | <input type="checkbox"/> Reporting Under the Influence |
| <input type="checkbox"/> Leaving Post Without Permission | <input type="checkbox"/> Reporting Out of Uniform |
| <input type="checkbox"/> Failure to Do Necessary Rounds | <input checked="" type="checkbox"/> Failure to Follow Post Orders |
| <input checked="" type="checkbox"/> Other Unacceptable Behavior/Violation of Company Policy <u>Improper Call Off.</u> | (specify) |



Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling, improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

Hawkins called off for duty at the Green Line Lake Street Ashland Station 2300 to 0700, at 2304 hours. To Hawkins when unable to report for duty is to Inform CTA Command Four (4) hours prior to the start of shift.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

HAWK 000321

I have read this report and the above has been discussed with me. <u>[Signature]</u> Employee's Signature	Prepared by: <u>Bernell Barnes 26554</u> Supervisor Name	<u>01/08/07</u> Date
	Approved by: _____ Manager Name	_____ Date



COUNSELING AND CORRECTIVE ACTION REPORT

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

PART A

EMPLOYEE INFORMATION

Date of Counseling: 20 January 01, 2001

Security Officer
Job Title/Site

Employee Number

Antonio Hulse
Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☐ Other

PART C

REASON FOR ACTION (Check all that Apply)

1-28-07
CML/mil
2400-1030

- 01-07-07

<input type="checkbox"/> Unreported Absence	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Abusive and/or Threatening Behavior	<input type="checkbox"/> Sleeping on Duty
<input type="checkbox"/> Failure to Complete Required Reports	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Smoking on Post or in Non Smoking Areas	<input type="checkbox"/> Reporting Under the Influence
<input type="checkbox"/> Leaving Post Without Permission	<input type="checkbox"/> Reporting Out of Uniform
<input type="checkbox"/> Failure to Do Necessary Rounds	<input checked="" type="checkbox"/> Failure to Follow Post Orders
<input checked="" type="checkbox"/> Other Unacceptable Behavior/Violation of Company Policy <u>Improper Call-Off</u>	

(specify)

(specify)

ON ABOVE DATE S/O STEPHANIE HAWKINS CONTACTED COMMAND TO
CALL OFF FOR HER SHIFT AT CALIFORNIA/MILLWICKS BLUE LINE
STATION. S/O HAWKINS DID NOT FOLLOW COMPANY POLICY BY CALLING
UNDER FOUR (4) HOUR PRIOR TO SHIFT START. THIS IS CONSIDERED
AN IMPROPER CALL-OFF

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS *(attach additional sheet if necessary)*

HAWK 000327

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I s/o Stephanie Hanking was in the ER at UIC on 1-27-07.
I received lax at medication and when I woke up I called the
Community center and explained what I would be unable to attend work until 2-1-07

I have read this report and the above has been discussed with me.

_____, 12-1-07
Employees Signature Date

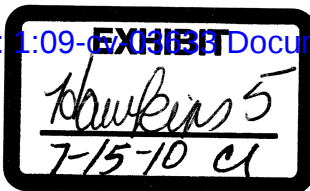
Prepared by:

Supervisor Name [Signature] Date 1-27-07

Approved by:

Manager Name

Date _____



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 1/31/07

Date of Counseling: 2/1/07

Stephanie Hawkins
Employee's Name

Central
Branch

Security Officer
Job Title/Site

Date of Hire

Employee Number

Latoya Haze Wood
Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C

REASON FOR ACTION (Check all that Apply)

- ☐ Unreported Absence
☐ Abusive and/or Threatening Behavior
☐ Failure to Complete Required Reports
☐ Smoking on Post or in Non Smoking Areas
☐ Leaving Post Without Permission
☐ Failure to Do Necessary Rounds
☐ Other Unacceptable Behavior/Violation of Company Policy _____

12-08-06
12-21-06
01-31-07

- ☐ Insubordination
☐ Sleeping on Duty
☒ Tardiness
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☐ Failure to Follow Post Orders

(specify)

2100-0500
2140
Damen/Milwaukee

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.

S/O Stephanie Hawkins arrived for duty at 2140 hrs.
S/O Hawkins scheduled time is 2100 hours. S/O
was advised that tardiness goes against company
policy.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

HAWK 000326

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I do Hawkins was late on 1-31-07 for reasons out of my control. My 4 year old daughter
is sick & hospitalized at Childrens Memorial and also her care giver my grand mother
was in a car accident because of these reasons I was late to my shift
on Damen Milwaukee Blue line. BWH 2-1-07

I have read this report and the above has been discussed with me.

Employee's Signature

Date

Prepared by:

L. Haze Wood
Supervisor Name

2/1/07
Date

Approved by:

Manager Name

Date

EXHIBIT

Hawkins 6
7-15-10 CI



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A**EMPLOYEE INFORMATION**Date of Incident: *2.3.07*

Date of Counseling: _____

STEPHANIE HAWKINS
 Employee's Name

CONTRAL
 Branch

SECURITY OFFICER
Sgt. MARINA ROWAN
 Job Title/Station
 Supervisor

Date of Hire: _____

Employee Number: _____

PART B**ACTION TAKEN**

☐ Removal from assignment/client site ☐ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C**REASON FOR ACTION (Check all that Apply)**

- ☐ Unreported Absence
☐ Abusive and/or Threatening Behavior
☐ Failure to Complete Required Reports
☐ Smoking on Post or in Non Smoking Areas
☐ Leaving Post Without Permission
☐ Failure to Do Necessary Rounds
☐ Other Unacceptable Behavior/Violation of Company Policy _____

- ☐ Insubordination
☐ Sleeping on Duty
☒ Tardiness
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☐ Failure to Follow Post Orders

(specify)

DAMON / MILWAUKEE
1830 - 0500

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

S/O HAWKINS WAS SCHEDULED FOR DUTY AT DAMON AT 1830. S/O HAWKINS DID NOT ARRIVE UNTIL 1902 MAKING HER TARDY. S/O HAWKINS HAS BEEN ADVISED SHE MUST BE ON TIME.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D**EMPLOYEE COMMENTS (attach additional sheet if necessary)**

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I, Sgt. Stephanie Hawkins, was late to the Damon / Chase Post partly due to the fact on some complications on the Red line train. The train conductor # was 41844.

HAWK 000325

I have read this report and the above has been discussed with me.

[Signature]

Employee's Signature

Date

Prepared by:

Sgt. Marina Rowan

Supervisor Name

2.3.07

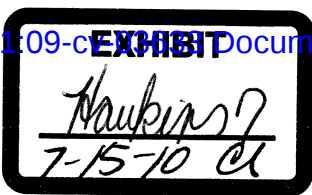
Date

Approved by:

Manager Name

Date

BRANCH PERSONNEL FILE



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☒ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 2/17/07

Date of Counseling: 2/18/07

Stephanie Hawkins
Employee's Name

Central
Branch

Security Officer
Job Title/Site

Date of Hire

Employee Number

Sgt. Hazelwood
Supervisor

Initials: SHW DATE: 2-15-07

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☐ Counseling ☐ Demotion ☐ Transfer ☒ Other 1 day Suspension

PART C

REASON FOR ACTION (Check all that Apply)

- ☐ Unreported Absence 12-08-06
☐ Abusive and/or Threatening Behavior 12-21-06
☐ Failure to Complete Required Reports 01-31-07
☐ Smoking on Post or in Non Smoking Areas 02-03-07
☐ Leaving Post Without Permission 02-07-07
☐ Failure to Do Necessary Rounds
☒ Other Unacceptable Behavior/Violation of Company Policy "Too Many TARDIES"
☐ Insubordination Bremen/Nil
☐ Sleeping on Duty 3100-0500
☒ Tardiness 3120
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☐ Failure to Follow Post Orders
 (specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling, improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

SLO Stephanie Hawkins arrived for duty at 2120 hours.
SLO Hawkins' scheduled time is 2100 hours. SLO was
advised that tardiness goes against company policy.
Any other violation of company policy will lead to a 2 day
suspension and or other disciplinary actions up to and including
Termination.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

HAWK 000324

I have read this report and the above has been discussed with me.		Prepared by: <u>Sgt. Hazelwood</u> <u>2/18/07</u>	
<u>Stephanie Hawkins</u> <u>2/28/07</u>		Supervisor Name <u>Sgt. Hazelwood</u> Date <u>2/18/07</u>	
Employee's Signature		Date	
		Approved by: <u>[Signature]</u> <u>2/28/07</u>	
		Manager Name <u>[Signature]</u> Date <u>2/28/07</u>	
		Date	

EXHIBITHawkins
2-25-07**COUNSELING
AND CORRECTIVE
ACTION REPORT**

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL**PART A****EMPLOYEE INFORMATION**Date of Incident: 2.25.07Date of Counseling: 3STEPHANIE HAWKINS
Employee's NameCENTRAL
BranchSECURITY OFFICER
Job Title/Site

Date of Hire

Employee Number

Sgt. MARINA ROWAN
Supervisor**PART B****ACTION TAKEN**☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☒ Other WILL LEAD TO A 2 Day Suspension**PART C****REASON FOR ACTION (Check all that Apply)**

- ☐ Unreported Absence
☐ Abusive and/or Threatening Behavior
☐ Failure to Complete Required Reports
☐ Smoking on Post or in Non Smoking Areas
☐ Leaving Post Without Permission
☐ Failure to Do Necessary Rounds
☐ Other Unacceptable Behavior/Violation of Company Policy

- ☐ Insubordination
☐ Sleeping on Duty
☒ Tardiness
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☐ Failure to Follow Post Orders

(specify)

DAMON
1830-0500

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

S/O HAWKINS WAS SCHEDULED TO REPORT FOR DUTY
AT 18:30 S/O HAWKINS DID NOT REPORT UNTIL 18:42
MAKING HER TARDY FOR DUTY. S/O HAWKINS HAS BEEN
ADVISED SHE MUST ARRIVE ON TIME FOR DUTY. S/O HAWKINS HAS
BEEN SUSPENDED BEFORE FOR TARDINESS AND NOW FACES ANOTHER ONE IF SHE

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee. CONTINUES TO BE LATE FOR DUTY - CMB

PART D**EMPLOYEE COMMENTS (attach additional sheet if necessary)**

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I s/o Stephanie hawkins was late on 2-25-07 due to the fact
the train was late. The conductor badge was 44245, the Run # is 113,
and the train car I was on is 3095. The delay was 30 min and
out of my control. S/H/ 2-25-07

I have read this report and the above has been discussed with me.

Employee's Signature_____
Date

Prepared by:

Sgt. Marina Rowan
Supervisor Name2/25/07
Date

Approved by:

[Signature]
Manager Name2/26/07
Date

EXHIBITHawkins 4
7-15-10 cl

COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 3.4.07

Date of Counseling:

STEPHANIS HAWKINS

CENTRAL

SECURITY OFFICER

Employee's Name

Branch

Job Title/Site

Date of Hire

Employee Number

Sgt. MARINA ROWAN

Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☐ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C

REASON FOR ACTION (Check all that Apply)

- | | |
|--|--|
| <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Abusive and/or Threatening Behavior | <input type="checkbox"/> Sleeping on Duty |
| <input type="checkbox"/> Failure to Complete Required Reports | <input checked="" type="checkbox"/> Tardiness |
| <input type="checkbox"/> Smoking on Post or in Non Smoking Areas | <input type="checkbox"/> Reporting Under the Influence |
| <input type="checkbox"/> Leaving Post Without Permission | <input type="checkbox"/> Reporting Out of Uniform |
| <input type="checkbox"/> Failure to Do Necessary Rounds | <input type="checkbox"/> Failure to Follow Post Orders |
| <input type="checkbox"/> Other Unacceptable Behavior/Violation of Company Policy _____ (specify) | |

DAMON
1830-0500

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling, improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

S/O HAWKINS WAS SCHEDULED TO ARRIVE FOR DUTY AT 1830.
S/O HAWKINS WAS TARDY FOR DUTY ARRIVING AT
1835. S/O HAWKINS HAS BEEN ADVISED SHE MUST
ARRIVE ON TIME FOR DUTY.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

HAWK 000329

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I S/O Stephanie Hawkins am disputing the CA's recitation that I was late to Doreen Mt Station. I received a ride just for that reason so I would not be late. I called the station at exactly 6:30pm and was not late. 8/14/ 3-4-07

I have read this report and the above has been discussed with me.

Employees Signature

Date

Prepared by:

Sgt. Marina Rowan

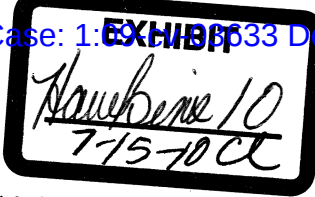
Supervisor Name

Date

Approved by:

Manager Name

Date



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☒ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 3/16/07

Date of Counseling: _____

Stephanie Hawkins
Employee's Name

Central
Branch

Security Officer / State Lake
Job Title/Site

NOVEMBER 21, 2006
Date of Hire

Employee Number _____

Leroy L. Sanders
Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☒ Other

2 Days Suspension: 3/20 3/21

PART C

REASON FOR ACTION (Check all that Apply)

- ☐ Unreported Absence
☐ Abusive and/or Threatening Behavior
☐ Failure to Complete Required Reports
☐ Smoking on Post or in Non Smoking Areas
☐ Leaving Post Without Permission
☐ Failure to Do Necessary Rounds

02-07-07 - 1 DAY
02-25-07
03-04-07
03-16-07 - 2 DAY

- ☐ Insubordination
☐ Sleeping on Duty
☒ Tardiness
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☐ Failure to Follow Post Orders

☒ Other Unacceptable Behavior/Violation of Company Policy "Too Many TARDINES" (specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

S/O Hawkins Arrived for duty @ 2340, when S/O Hawkins
start time is 2100. S/O Hawkins Needs to be on time
for her assigned start time.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I, Stephanie Hawkins made a big mistake I thought my Friend Man
Shelby confused so I went to my other station at Adams/Wabasha
C. 2330. Sorry and I accept this work of life. SH 320-07

HAWK 000322

I have read this report and the above has been discussed with me.

Stephanie Hawkins
Employee's Signature 13-1105
Date

Prepared by:

Leroy L. Sanders
Supervisor Name 3/16/07
Date

Approved by:

Chris Batts
Manager Name 03/19/07
Date

COUNSELING AND CORRECTIVE ACTION REPORT



Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☒ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: April 05, 2007

Date of Counseling: _____

Employee's Name: Stephanie Hawkins

Branch: Central

Job Title/Site: Security Officer / Adam Wabash

Date of Hire: November 21, 2006

Employee Number: _____

Supervisor: Sgt. William Blackburn

DATE: _____

Initials: _____

PART B

ACTION TAKEN

☐ Removal from assignment/client site

☒ Counseling

☐ Demotion

☐ Transfer

☒ Other: WILL LEAD TO 3 Day Suspension

PART C

REASON FOR ACTION (Check all that Apply)

☐ Unreported Absence

☐ Abusive and/or Threatening Behavior

☐ Failure to Complete Required Reports

☐ Smoking on Post or in Non Smoking Areas

☐ Leaving Post Without Permission

☐ Failure to Do Necessary Rounds

☒ Other Unacceptable Behavior/Violation of Company Policy

02-07-07 - 1 DAY
03-16-07 - 2 DAYS
04-05-07

☐ Insubordination

☐ Sleeping on Duty

☒ Tardiness

☐ Reporting Under the Influence

☐ Reporting Out of Uniform

☒ Failure to Follow Post Orders

(specify)

Loop Elevated
Adams Wabash
2200-0600
4-5-07

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.

S/O Hawkins arrived for Duty at 2240. Her started time is 2200. S/O
Hawkins need to be on time for her assigned S/O. HAWKINS HAS BEEN
SUSPENDED 2 OTHER TIMES FOR TARDINESS AND IF SHE CONTINUE TO BE LATE,
FOR DUTY SHE WILL FACE A 3 Day Suspension and/or FURTHER DISCIPLINARY ACTION.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I do not believe this info is justified as stated in my incident report. S/HK
4-6-07

EXHIBIT

Hawkins //
7-15-10 CT

HAWK 000261

I have read this report and the above has been discussed with me.

Employees Signature _____

Date _____

Prepared by:

William Blackburn

Supervisor Name

4-5-07

Date

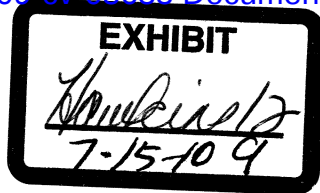
Approved by:

Adam Wabash

Manager Name

4/6/07

Date



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: May 22, 2007

Date of Counseling: May 23, 2007

STEPHANIE HAWKINS
Employee's Name

CENTRAL-CTA
Branch

Security Officer
Job Title/Title

November 21, 2006
Date of Hire

Employee Number

Capt. BATS
Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☒ Other 3 Days Suspension: 5/23/24/25

PART C

REASON FOR ACTION (Check all that Apply)

- ☐ Unreported Absence
- ☐ Abusive and/or Threatening Behavior
- ☐ Failure to Complete Required Reports
- ☐ Smoking on Post or in Non Smoking Areas
- ☐ Leaving Post Without Permission
- ☐ Failure to Do Necessary Rounds

01-07-07
01-27-07 1 DAY
05-22-07 3 DAYS

- ☐ Insubordination
- ☐ Sleeping on Duty
- ☐ Tardiness
- ☐ Reporting Under the Influence
- ☐ Reporting Out of Uniform
- ☐ Failure to Follow Post Orders

☒ Other Unacceptable Behavior/Violation of Company Policy Improper Call-Off - NO PAPERWORK
(specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.

Sgt Hawkins was scheduled to work Randolph-Wabash Inner - AT 2200-0600
Sgt Hawkins CALL-OFF AT 2245 SAYING THAT HER CHILD WAS SICK. ON
Wednesday - May 23, 2007 Sgt Hawkins ADMITTED THAT SHE FAILED TO SEEK
TREATMENT FOR THE CHILD, SO SHE HAD NO PAPERWORK. ALL ABSENCES REQUIRE
PAPERWORK. Any OTHER VIOLATIONS WILL LEAD TO FURTHER DISCIPLINE - UP TO AND INCLUDING

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

TERMINATIONS!

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

HAWK 000255

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

I did not take my daughter to the emergency room
because I knew what her illness was and no medication was
required. Dr. Pedersen did not tell me that I had
to do so to avoid another suspension.

I have read this report and the above has been discussed with me.

Stephanie Hawkins 152307
Employee's Signature Date

Prepared by:

Capt. Bats
Supervisor Name

5/23/07
Date

Approved by:

Manager Name

Date

IT IS THE RESPONSIBILITY OF S. Hawkins
 TO SECURE A "RELIABLE BABYSITTER"
 AND/OR A "RELIABLE BACK-UP SITTER",
 IF NECESSARY. Y. JEFFERSON



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☒ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 6/18/07

Date of Counseling: _____

Stephanie Hawkins
Employee's Name

Central - CTA
Branch

Security officer
Job Title/Site

NOVEMBER 21, 2006
Date of Hire

Employee Number

LT. Jefferson
Supervisor

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☒ Counseling ☐ Demotion ☐ Transfer ☒ Other Will lead to suspension and/or termination

PART C

REASON FOR ACTION (Check all that Apply)

- ☐ Unreported Absence
☐ Abusive and/or Threatening Behavior
☐ Failure to Complete Required Reports
☐ Smoking on Post or in Non Smoking Areas
☐ Leaving Post Without Permission
☐ Failure to Do Necessary Rounds
☒ Other Unacceptable Behavior/Violation of Company Policy

02-07-07 - 1 DAY - TARDY
03-16-07 - 2 Days - TARDY
05-22-07 - 3 Days - Imp 9/2
06-18-07

- ☐ Insubordination
☐ Sleeping on Duty
☐ Tardiness
☐ Reporting Under the Influence
☐ Reporting Out of Uniform
☒ Failure to Follow Post Orders

Sector 154 Adams /

Webcash

2230 - 0600 hrs

UN EXCUSED Call off "no baby sitter"
 (specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.)

on the above date and time S/O Stephanie Hawkins informed
F. Jefferson that she would be unable to come in for the
start of her schedule 2230 hrs shift tonight, because she
didn't have a baby sitter. S/O Hawkins must have more
than one reliable babysitter company policy. Failure to do so

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee. Will lead to further disciplinary action.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

EXHIBIT

Thubix B
7-15-10A

HAWK 000253

I have read this report and the above has been discussed with me.

Stephanie Hawkins 6/21/07
 Employees Signature Date

Prepared by:

LT. Jefferson
 Supervisor Name

6/18/07
 Date

Approved by:

Chris Bath
 Manager Name

6/21/07
 Date



COUNSELING AND CORRECTIVE ACTION REPORT

Verbal Action: Complete Parts A and B, sign and obtain manager's approval.

Written Action: Complete all parts except to Part D, prior to meeting with employee. Have employee sign document after you have completed discussion. If he/she refuses to sign, document the refusal.

☐ VERBAL ☒ WRITTEN ☐ 1st ☐ 2nd ☐ FINAL

PART A

EMPLOYEE INFORMATION

Date of Incident: 6/28/07 Date of Counseling: 7-5-07

Employee's Name: Stephanie Hawkins Branch: central Job Title/Site: Security Officer

Date of Hire: _____ Employee Number: _____ Supervisor: LT. Jefferson

PART B

ACTION TAKEN

☐ Removal from assignment/client site ☐ Counseling ☐ Demotion ☐ Transfer ☐ Other _____

PART C

REASON FOR ACTION (Check all that Apply)

☐ Unreported Absence ☐ Insubordination Section 157 Adams/

☐ Abusive and/or Threatening Behavior ☐ Sleeping on Duty Webesh

☐ Failure to Complete Required Reports ☐ Tardiness 2330 - 0600

☐ Smoking on Post or in Non Smoking Areas ☐ Reporting Under the Influence

☐ Leaving Post Without Permission ☐ Reporting Out of Uniform

☐ Failure to Do Necessary Rounds ☒ Failure to Follow Post Orders

☒ Other Unacceptable Behavior/Violation of Company Policy Improper call-off 2230 hrs (specify)

Description of Incident and Corrective Measures (Include dates and times of incidents, reason for counseling. Improvement required or corrective action taken, timeframe for improvement, consequences of reported failure.

on the above date and time S/O Stephanie Hawkins informed
LT. Jefferson that she would be unable to come in for the
start of her schedule 2330 hrs shift tonight. Because she was
at the Hospital. S/O Hawkins must give her Job a 4hrs
notice before calling off company policy.

Notice to Employee: It is expected that the conditions noted above will be corrected immediately. In the event this condition is not corrected, or if another offense occurs, you may be subject to further disciplinary action up to and including termination of your employment. Nothing in this report is intended to amend or alter your status as an "at-will" employee.

PART D

EMPLOYEE COMMENTS (attach additional sheet if necessary)

(The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.)

HAWK 000249

I have read this report and the above has been discussed with me.

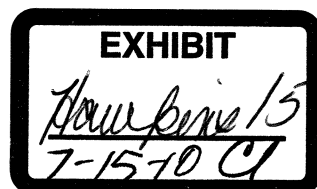
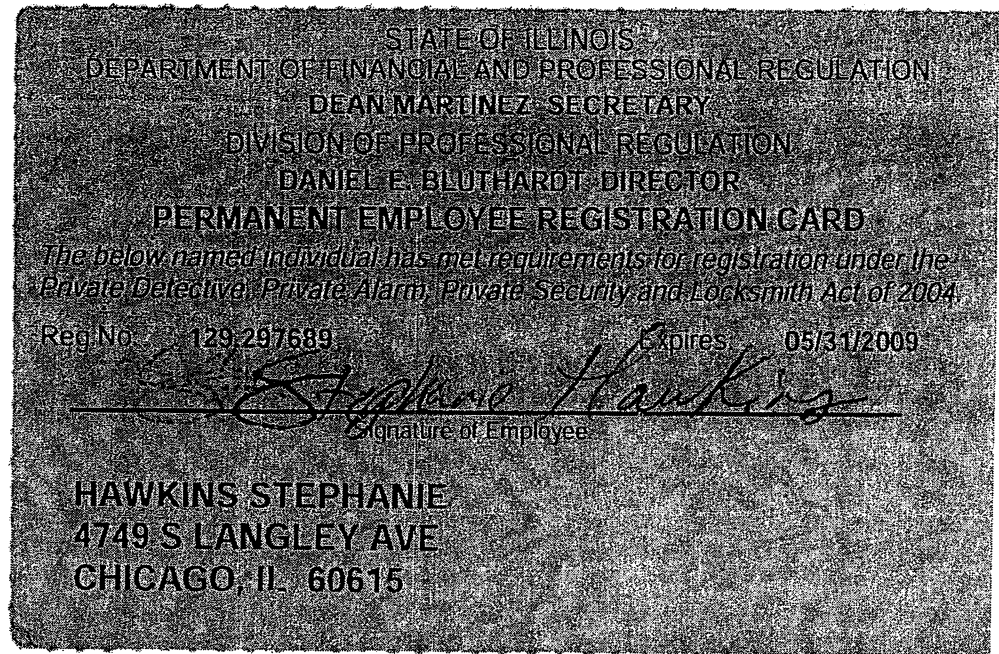
Employee's Signature: Stephanie Hawkins Date: 7-5-07

Prepared by:

Supervisor Name: LT. Jeffery Date: 6/28/07

Approved by:

Manager Name: _____ Date: _____




HAWK 000244

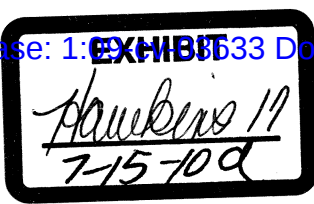
Hawkins / 6
7-15-10 CI

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

If you possess a valid Illinois Detective, Security Contractor, Alarm Contractor or Locksmith license, then a PERC is NOT required to work for a licensed agency.

APPLICATION FOR PERMANENT EMPLOYEE REGISTRATION CARD

1. NAME (Last Name, First Name, Middle Initial) <i>Hawkins Stephanie W</i>		2. UNITED STATES SOCIAL SECURITY NUMBER: (See Box # 18 Below) REDACTED	
3. HOME STREET ADDRESS (No P.O. Boxes) <i>4749 S. Canale</i>		4. CITY <i>Chicago</i>	5. STATE <i>IL</i>
6. ZIP CODE <i>60615</i>		7. COUNTY <i>Cook</i>	
8. PLACE OF BIRTH (City and State) <i>Chicago IL</i>		9. DATE OF BIRTH (M/D/Y) <i>12-26-82</i>	10. AGE (18 yrs min.) <i>23</i>
11. TELEPHONE NUMBER <i>(773) 640-7969</i>			
12. IF THIS APPLICATION IS BEING SUBMITTED BY AN AGENCY ON BEHALF OF A NEW EMPLOYEE OF THAT AGENCY (IN ACCORDANCE WITH SECTION 35-30 (K) (1) OF THE ACT), COMPLETE BOXES A THROUGH D BELOW.			
A. AGENCY NAME <i>Securitas Security Services USA, Inc.</i>		B. AGENCY LICENSE NUMBER <i>122-000899</i>	
C. LICENSEE-IN-CHARGE <i>Dan S. Parisi</i>		D. LICENSE NUMBER OF LICENSEE-IN-CHARGE <i>119-001119</i>	
13. Have you ever been licensed as Private Detective, Private Security Contractor, Private Alarm Contractor, or Locksmith in Illinois or another State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the following.</i>			
List state(s) in which you have ever been licensed.	License Number	Dates of Licensure From To	Is license current? Has license ever been revoked, or otherwise disciplined?
14. Have you ever been convicted of ANY criminal offense, including a misdemeanor or a felony? <i>If yes, include a detailed explanation of the nature of the offense and the final disposition of the case.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Have you ever been dishonorably discharged from the armed services or from a city, county, state, or federal position? <i>If yes, attach explanation.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Do you suffer from habitual drunkenness or from narcotic addiction or dependence? <i>If yes, attach explanation.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17. Have you ever been declared by any court incompetent by reason of mental or physical defect or disease? <i>If yes, attach explanation.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court. Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.") <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.) Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ATTACH RECENT PHOTOGRAPH HERE.  USE TRANSPARENT TAPE TOP AND BOTTOM ONLY	
I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief and that I am legally authorized to sign this application. <i>[Signature]</i> Signature (in full-use no initials)		Date <i>10-4-06</i>	
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.			
RETURN TO: ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: DIVISION OF PROFESSIONAL REGULATION, P.O. BOX 7007, SPRINGFIELD, ILLINOIS 62791			



Welcome to Securitas Security Services USA, Inc., the leading contract security provider in the United States! We are pleased to extend to you a contingent offer of employment, provided you successfully complete all pre-employment requirements, inclusive of a background investigation and drug test. You will also need to complete additional paperwork and provide adequate proof of identity and eligibility to work in the United States.

Behave 7:45

You are scheduled for pre-assignment introduction on:

10.3.4 Tuesday @ 8a-5p
Dates Days Time

Job Site: CTA Shift: open Starting Wage: \$9.10

Branch Manager Tim Brown

- The pre-assignment introduction completes your application for employment and is a requirement that must be met before we begin training you at your account. This is generic security officer training, this is not paid training. It is considered the final portion of your application/interview process.
- Pre-Assignment Introduction is held at our 580 W. Jackson office.
- The Pre-Assignment Introduction is scheduled for 2 days.
- Per company policy, you must have a completed personnel file before you begin work. In order to ensure that you are eligible to begin working, please bring the following with you on your first day:

Driver's License or State ID	Social Security Card	Birth Certificate
HS Diploma/GED Certificate	College Diploma	Transcripts
PERC (Blue Card)	20-hour Training Cert.	FOID
U.S. Passport	DD-214	Resident Alien Card

Proof of employment for the past 7 years: W-2's, pay stubs, verification letter for the following jobs:

Jewel, Chicago, Sports Service,
Not. Opinion center

If you cannot attend your scheduled class, please call me at: 312-715-1550/5329

Delisa Watts
Recruiter

9.26 5326 Channa
Date

Thank you for applying with Securitas Security Services USA Inc.

Your signature below is your acceptance of this contingent offer of employment

[Signature]
Signature

9-26-06
Date

HAWK 000336




Securitas Security Officer Handbook Acknowledgment

I have received my own copy of the Securitas Security Officer Handbook (the "Handbook"). The Handbook contains information about Securitas, general guidelines as to security officer duties and some of the terms of my employment with Securitas. I acknowledge that I am required to read and understand the information contained in the Handbook and comply with the terms contained therein.

Notwithstanding the above, I am a member of a labor union and some of the terms of my employment are governed by a collective bargaining agreement ("CBA"). If any of the terms contained in the CBA are inconsistent with the terms contained in the Handbook, the terms contained in the CBA shall take precedence over and supersede the terms contained in the Handbook.

I agree that Securitas may modify, revise or terminate its policies and/or the Handbook at any time.



Security Officer Signature

10-4-06

Date

Stephanie Hawkins

Print or Type Name

This form is used only for security officers covered under collective bargaining agreements.

